PTO/SB/06 (08-03)
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Under the Pepaneorit R							ormation unle	as à disple		control number,
PATENT APPLICATI N FEE DETERMINATION RECORD Substitute for Form PTO-875								Applics	ion or Docket M	amber .
		Spusie	un for Fullit 1	0-0/3				<u> </u>		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED MAKEER EX				ER EXT	RA	RATE	FEE		RATE	PEE
BASIC FEE (3T CFR 1.18(a))				15115	9	OR		•		
TOTAL CLAIMS D7 CFR 1.18(d)					X 5		OR	X * *		
HOEPENDENT CLAIMS						X 8 -		ÓR.	**	
MALTIPLE DEPENDENT CLAIM PRESENT G7 DFR 1,18(6)								OR		
						TOTAL				
* if the difference in column 1 is less than zero, enter 10° in column 2.								OR	TOTAL	<u> </u>
CLAIMS AS AMENDED - PART II										
<u>41405</u>	405(Column 1) (Column 2) (Column 2)					SMALL E	SMALL ENTITY		OTHER THAN SMALL ENTITY	
<	CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		SENT CTRA	RATE	ADOI- TIONAL		RATE	ADDI- TIONAL
Total Total Total O proprint D proprint O proprin	56	Minus	" <u>"</u> "	-1	ユ	x	FEE	OR	x 50	(OCO-
Z Independent 11	4	Minus	- 4	F		x :		•	X 8 .	300
Σ	W CF MARRIE	MIRK	DECLARA OTCO		**			OR		
FIRST PRESENTATION OF MALTIPLE DEFENDENT CLAIM (ST CFR 1.16(8))						TOTAL		OR	TOTAL	1.000
1 holas	ADD'L FEE		OR	ADO'L FEE	(400					
CLAIMS (Column 2) (Column 3)										
	EMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR		SENT	RATE	ADDI- TIONAL FEE	•	rate _.	ADOI- TIONAL FEE
Total care integral dispression of care integ	56	Mirus	- 56	•	1	X8_ =		OR	x s =	1
Independent 1 G7 G78 1.14pg	4	Minus	4	*	\top	X 8 =		OR	X 3	1
FARST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16)						** *		OR.	+: -	
6-14-06 RCC - (Column 3) (Column 3)						TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	
<u> </u>	Column 1)		(Column 2)	(Col	ann 3)					′
) R	CLAIMS EMAINING AFTER MENDMENT		MGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL PIEE		RATE	ADDI- TIONAL FEE
Cat call irreton	56	Minus	- 36	•		x 3 *	1	OR	x s=	7
Total (ST CPR 1.Mpg) Endependent (U) (ST CPR 1.Mpg)	_4	Minus	- 4	•		x 8 •		OR.	x 3	
Service of the servic										
							\		TOTAL	
* If the entry in column 1 is less than the eatry in column 2, write "0" in column 3.										
" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, order "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 order "20".										

"If the "Highest Number Previously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.14. The Information is required to obtain or retain a burnell by the public which is to the (and by the USPTO to process) an application. Confidentiatly is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gethering, praparing, and extrahiling the completed application form to the USPTO. Time will very depending upon the instribute class. Any comments on the amount of time you require to complete this form sudder suggestions for reducing this burden, about the control to the USPTO. Time will very depending upon the instributed class. Any comments on the amount of time you require to complete this form sudder suggestions for reducing this burden, about the control to the Complete to Complete the form and Tradement Offices, U.S. Opportment of Commerce, P.O. Bex 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Bex 1450, Alexandria, VA 22313-1450.